



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION  
BOX 99100  
YUMA, ARIZONA 85369-9100

StaO 4235.1B Ch 1  
3KG  
22 APR 1997

STATION ORDER 4235.1B Ch 1

From: Commanding Officer  
To: Distribution List

Subj: AUTHORITY AND PROCEDURES INCIDENT TO THE PURCHASE OF  
PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Purpose. To direct pen changes to the basic Order.

2. Action

a. In the basic Order, paragraph 4.b(3), fourth line, change "Disbursing Officer, Bldg 460" to "Disbursing Officer, DFAS-KC".

b. In Enclosure (1), page 4, paragraph 3, change "Disbursing Office, Bldg 460", to read "Disbursing Office, DFAS-KC via the Federal Express drop off point at Bldg 324".

c. In Enclosure (1) of the basic Order, page 4, paragraph 3, delete the last sentence.

3. Filing Instructions. File this Change transmittal immediately behind the signature page of the basic Order.

  
C. J. TURNER

DISTRIBUTION: A



UNITED STATES MARINE CORPS

MARINE CORPS AIR STATION  
BOX 99100 ..  
YUMA, ARIZONA 85369-9100

StaO 4235.1B

3KC

23 JUL 1996

STATION ORDER 4235.1B

From: Commanding Officer  
To: Distribution List

Subj: AUTHORITY AND PROCEDURES INCIDENT TO THE PURCHASE OF  
PERSONAL PROTECTIVE EQUIPMENT (PPE)

Ref: (a) 29 CFR, Title 29, Par 1910  
(b) NAVCOMPT Vol. 5

Encl: (1) Authorization and Receipt for Purchase of Personal  
Protection Equipment MCASY Form 5100/3)  
(2) Claim for Reimbursement for Expenditures on  
Official Business (SF 1164)

1. Purpose. To publish the authority and procedures required  
for the proper acquisition of personal protective equipment in  
accordance with references (a) and (b).

2. Cancellation. StaO 4235.1A.

3. Discussion

a. Protective equipment required to prevent or protect  
employees against hazardous work place exposure are furnished  
without cost. In accordance with the authority contained in  
reference (a), employees are entitled to reimbursement for the  
cost of protective shoes, not to exceed the dollar value stated  
within, when not available from Navy stock or they have been  
authorized in advance in writing by the activity safety-shoe  
approving official to procure them from commercial sources.  
Claims must be supported by the authorization and a paid receipt  
from the vendor. Advance payments are not permitted. The  
receipt can be the cash register tape annotated to indicate  
purchase of PPE. (Protective shoes have an NSN and are avail-  
able through the stock system.)

b. PPE will be requisitioned from Station Supply using  
established procedures. Federal Acquisition Regulations request  
that standard stock material be used in all cases.  
Occasionally, standard stock material may not meet the ANSI  
requirements, legal agreements, or unusual personal sizing

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needs. Personal preference for commercial products is not an acceptable reason for not using standard stock items. Commercial products will meet the minimum needs of the government, therefore excessive costs for "Cadillac" versions will be borne by the employee and shall not be reimbursed with station funds. Enclosure (1) will be used to substantiate the purchase of PPE, with reimbursement not to exceed limitations defined in references (a) and (b).

4. Action

a. Supervisors will:

(1) Inform employees of minimum safety requirements for the PPE.

(2) Complete blocks 1 through 7 of enclosure (1) and give to employees requiring PPE.

(3) After employees make purchases, certify that the PPE purchased meets the minimum requirements by signing block 12 of enclosure (1) and block 8 of enclosure (2).

b. Employees will:

(1) Purchase the appropriate PPE that meets the minimum requirement. The government will not make reimbursement in excess of the monetary limits established herein. Cash advances are not permitted.

(2) Have the vendor complete blocks 8 through 11 of enclosure (1), then return enclosure (1) and sales receipt to the supervisor.

(3) Complete enclosure (2). The fund administrator will provide the accounting classification. Forward enclosure (1) and sales receipt and the original plus two copies of enclosure (2) to the Disbursing Officer, Bldg 460.

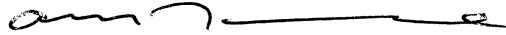
c. The Fund administrator will enter the accounting classification in the appropriate block of enclosure (2).

d. The Disbursing Officer will process the claim forms according to existing instructions and promptly refund the employee up to the established limitations.

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5. Summary of Revision. This revision contains a substantial number of changes and should be reviewed in its entirety.



A. M. TORRANCE

By direction

DISTRIBUTION: C



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AUTHORIZATION AND RECEIPT FOR PURCHASE OF PERSONAL PROTECTION  
EQUIPMENT

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Section I - Authorization  
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In accordance with the provision of NAVCOMPT Vol 5, standard reimbursement not to exceed \$100.00 for safety boots or \$150.00 for safety glasses is authorized for the employee named below to defray the cost of safety eye and footwear which are required to perform assigned duties. This form shall be completed, signed, dated and approved by the employee's supervisor prior to the employee purchasing safety boots/glasses. The employee is required to purchase safety boots/glasses within 10 working days after notification by the supervisor, return this form, signed by the salesperson, along with cash register receipt and SF Form 1164, within 5 days after date of purchase to the Disbursing Office, Bldg 460. Supervisors are responsible for ensuring that the employee has purchased safety boots/glasses that meet or exceed ANSI safety standards.

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I CERTIFY THAT THE NEW SAFETY BOOTS/GLASSES OF THE EMPLOYEE ARE REQUIRED BECAUSE PRESENT ITEM IS NO LONGER SERVICEABLE AND HAS BEEN TURNED INTO ME FOR DISPOSAL OR IS REQUIRED FOR INITIAL ISSUE TO A NEW EMPLOYEE.

(1) \_\_\_\_\_  
SUPERVISOR SIGNATURE & DATE

(2) Notification Date\_\_\_\_\_ (3) Date Last Purchase\_\_\_\_\_

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Section II - Receipt  
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(4) \_\_\_\_\_  
Typed Name & Signature

(5) \_\_\_\_\_  
Job Title

(6) \_\_\_\_\_  
Organization, Branch & Title

(7) \_\_\_\_\_  
Home Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

ENCLOSURE (1)

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I certify that the employee named above \_\_\_\_\_  
has purchased and received an approved \_\_\_\_\_  
Store pair of safety boots/glasses.

(8) Name & Address of

(9) Total Price: \_\_\_\_\_

(10) Purchase Price: \_\_\_\_\_

(12) \_\_\_\_\_  
Signature & Date of Supervisor

(11) \_\_\_\_\_  
Salesman Name & Signature

-----  
NOTE: Stores are not authorized to issue refunds.

MCASY FORM 5100/3

ENCLOSURE (1)

INSTRUCTIONS FOR COMPLETION OF MCAS FORM 5100/3

Authorization and Receipt for Purchase of  
Personal Protection Equipment

NOTE: ALL BLOCKS ON THIS FORM ARE MANDATORY

- Block 1. This block will be signed by the immediate supervisor of the employee requiring safety boots or glasses. Cross out the inappropriate item, i.e., boots or glasses in this paragraph.
- Block 2. This block contains the date an employee is initially informed by his supervisor that boots or glasses are required.
- Block 3. This is the date that the subject employee last purchased safety boots or glasses.
- Block 4. Typed name and signature of individual purchasing safety boots or glasses.
- Block 5. Position title of individual purchasing safety boots or glasses.
- Block 6. Of the individual purchasing safety boots or glasses.
- Block 7. Of the individual purchasing safety boots or glasses. The address you want your check sent to, if applicable.
- Block 8. Complete name and address of the store where shoes or glasses are purchased.
- Block 9. Total price of item including tax.
- Block 10. Date item was purchased.
- Block 11. Printed or typed name and signature of salesman.
- Block 12. This block must be signed by immediate supervisor certifying that the individual has purchased and received an approved item. Cross out the inappropriate item, i.e., boots or glasses, in this statement. Any questions regarding ANSI safety standards should be addressed to the Safety Office, extension 2956.

HANDLING PROCEDURES:

1. Employee should have his supervisor complete and sign appropriate blocks of MCASY Form 5100/3 and SF 1164.

ENCLOSURE (1)



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2. After purchase of boots or glasses, make sure all blocks relating to store, price, addresses, etc. are complete.
3. Bring the SF 1164 and MCASY Form 5100/3 to the Disbursing Office, Bldg 460. You should receive your check via mail in approximately 8-10 working days.

ENCLOSURE (1)

### ACCOUNTING CLASSIFICATION